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CONFIRMATION NO. 6800

<b>SERIAL NUMBER</b> 09/823,289	<b>FILING OR 371(c) DATE</b> 03/30/2001 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2685	<b>ATTORNEY DOCKET NO.</b> 029258.00001-US03
<b>APPLICANTS</b> Morton Tarr, Bolton, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/193,813 03/31/2000 <b>** FOREIGN APPLICATIONS *****</b> <i>Yes, 2nd</i> <i>No, 8th</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 05/12/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> <i>8/2</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> <i>11</i>
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 26853 <i>813</i>				
<b>TITLE</b> HOME AREA NETWORK INCLUDING ARRANGEMENT FOR DISTRIBUTING AUDIO PROGRAMMING INFORMATION FROM A PLURALITY OF SOURCE OVER LOCAL RADIO BROADCAST				
<b>FILING FEE RECEIVED</b> 420	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	